



Notice Date:

VOLUNTARY DEDUCTION AUTHORIZATION

I authorize you to deduct \$ _____ from my earnings each pay period beginning _____ and to forward this amount to the Franchise Tax Board.

Please make a check payable to Franchise Tax Board for the amount authorized above, include my name and social security number on each check and mail it to the address shown above. This authorization will terminate after you have deducted a total of _____ from my earnings.

I agree that any dispute regarding the authorization of this payment is a matter between myself and the Franchise Tax Board, and that my employer shall be held harmless for any authorized voluntary payment disbursed in accordance with this authorization.

Please acknowledge receipt and acceptance of this authorization by completing the acknowledgement below, and returning a copy to the Franchise Tax Board in the enclosed envelope.

Employee Signature

Social Security Number

Date

Business Name

Telephone Number

Authorized Officer

Title

Date

Telephone Number